Progress Toward Updating the NIOSH PPT Program "Action Plan" for Healthcare Worker Personal Protective Equipment

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NIOSH PPT Healthcare Stakeholder Meeting

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Overview

- Why personal protective equipment (PPE) for healthcare workers (HCWs) is a NIOSH PPT program priority
- Program history and current research areas
- Proposed framework and prioritization plan for updated action plan
- Process for seeking stakeholder feedback



Why HCW PPE is a Priority

- Healthcare is the fastest-growing sector of the U.S. economy, employing over 18 million workers
- HCWs are at higher risk of exposure to infectious respiratory and blood borne pathogens than workers in non-healthcare settings
- Preferred methods of reducing exposure (elimination, substitution, administrative, and engineering controls) are often not possible or practical to implement, especially during an emerging outbreak or pandemic
 - Patients are often the source of the exposure
 - PPE can be implemented widely, quickly, and seamlessly





Types of HCW PPE









PPE & Infection Control Precautions

Туре	Hands	Body	Face
Standard	Wear gloves when touching blood, body fluids, secretions, nonintact skin, mucous membranes, and contaminated items	Gown should be worn when contact of clothing or skin with blood or body fluids is anticipated	Surgical mask and eye protection should be worn during activities likely to generate splashes or sprays of blood or body fluids
Contact	Standard plus contact with patient or articles in close proximity to patient	Standard plus contact with patient or articles in close proximity to patient	Same as standard
Droplet	Same as standard	Same as standard	Standard + surgical mask upon entering the room
Airborne	Same as standard	Same as standard	Standard + respiratory protection upon entering the room

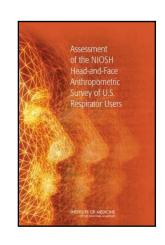
Adapted from: Healthcare Infection Control Practices Advisory Committee (HICPAC), 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings Goldfrank, L.R., and C.T. Liverman: Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers: National Academies Press, 2008.

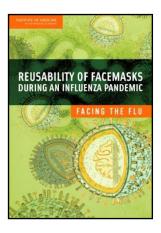


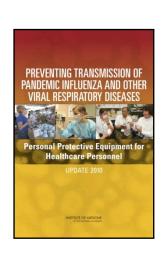


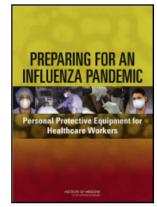
Background - Planning Efforts

- 2006 IOM report on reuse of masks and N95 respirators in the event of an influenza pandemic
- 2007 IOM report to assess the NIOSH anthropometric survey
- 2008 IOM report on PPE for HCW
- 2009 IOM letter report on Respiratory Protection for HCW against H1N1
- 2011 IOM report PPE for HCW Update
- 2011 IOM letter report on Occupational Health Nurses and Respiratory Protection













Background

- Since 2008, NIOSH PPT program has maintained an "action plan" for PPE for HCW
 - Used for research prioritization and discussions with stakeholders
- Last updated January 2010
- Current action plan based upon recommendations from a 2009 IOM Letter Report
- Action plan needs updated

Personal Protective Equipment (PPE) for Healthcare Workers (HCW) Action Plan to address Actions for the next 5 years

Revision 4 (Draft) January 7, 2010

Revision 3, (Draft) September 2009 Revision 2, March 2009 Revision 1, August 2008 Draft Action Plan, February 2008

Historical documents available at NIOSH Docket 129 http://www.cdc.gov/niosh/docket/NIOSHdocket0129.html

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http://www.cdc.gov/niosh/docket/archive/pdfs/NIOSH-129/0129-010710-ReportDraft4_doc.pdf







Current Research Areas

Ensembles

Isolation gowns

Filtration

Nanoparticles / Bioaerosols

Respirator Fit

- Facial anthropometrics
- Frequency of fit testing
- Respirator fit test research (user seal check, novel methods, multiple donnings)

Respirator Comfort

- Physiology studies
- Project BREATHE

Surveillance & Intervention

- Demo & Sentinel Surveillance
- Respirator evaluation & interventions
- Best practices, outreach

Respirator Performance & Usability

- Simulated healthcare settings
- Respirator clinical effectiveness

Influenza Pandemic / Reuse

- Risks of handling a contaminated respirator
- Decontamination of filtering facepiece respirators (FFRs)
- Assessing modes of transmission

Process for Updating the Action Plan

Select framework

(Summer 2012)

Map existing projects

(Spring 2013)

Publish

(Fall 2013)

1

2

3

4

5

Draft recommendations and activities

(Fall 2012)

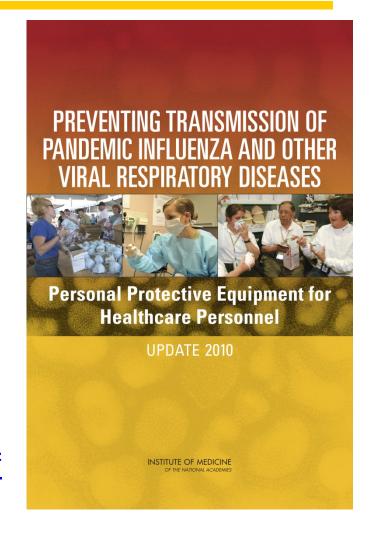
Stakeholder comment

(Summer 2013)



Proposed Framework

- Use the 12 research recommendations from Jan 2011 IOM report as the framework
- Incorporate other recommendations (HHS, NIOSH HCSA)
 - http://www.phe.gov/Preparedness/m cm/h1n1retrospective/Documents/2009h1n1-improvementplan.pdf
 - http://od.niosh.cdc.gov/ProgramPortf olioGuidance/FY14/pdfs/HSA-FY14Guidance.pdf

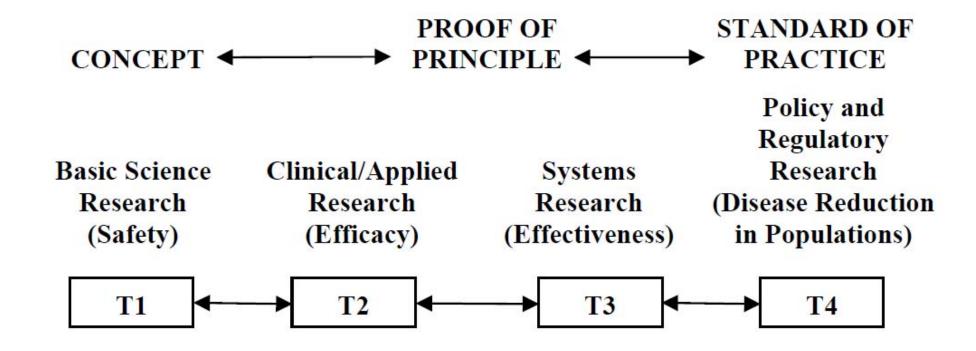


http://www.nap.edu/catalog.php?record_id=13027





IOM's Integrated Approach to Research

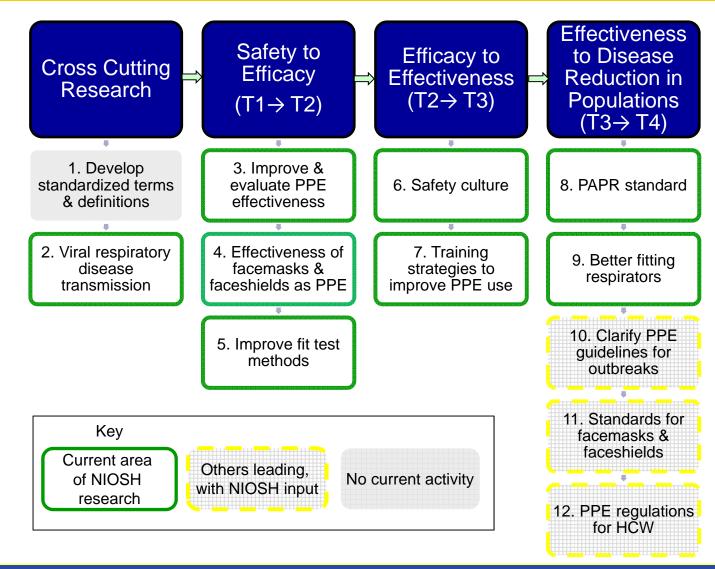


An integrated system moving research into practice, depicting the translation of research from basic science research (T1) through policy and regulatory research (T4). Source: IOM report, Page 26, Figure 1-2, which was adapted from Henderson and Palmore (2010).





Mapping NIOSH Research Projects to Proposed Recommendations







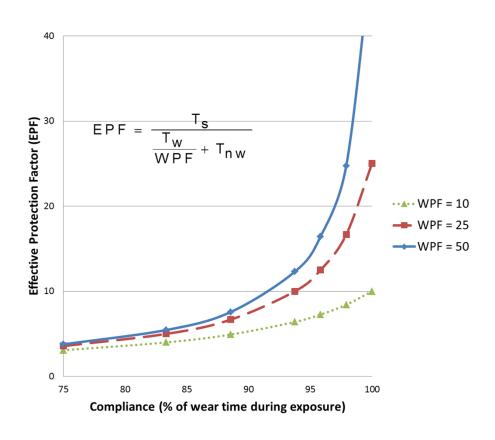
Prioritization

- During times of increased budget scrutiny, government agencies and other funding sources will not be able to fund all of the necessary research projects, but will need to make difficult decisions on where to focus research
- Tools for prioritization are needed to guide and assist NIOSH and partners to implement the action plan



Rationale for Increased PPE Compliance as a Goal for Prioritization

- Respiratory protection is dependent on filter efficiency, fit, maintenance, and compliance
- If a respirator is not worn properly or at all during the exposure, it will provide little protection (if any)
- Compliance needs to be >
 ~75% to see a significant
 difference in EPF (i.e.,
 exposure reduction) for
 better performing
 respirators



 T_e = Exposure duration, T_w = Time Worn, T_{nw} = Time Not Worn, WPF = Workplace Protection Factor Source: adapted from American Industrial Hygiene Association Respiratory Protection Committee – Terms and Definitions





Improving Compliance = Unifying Goal

Reported Reasons for PPE Non-Compliance

Lack of accountability for non-compliance

Workload issues

Time constraints

Risk perception

Effectiveness concerns

Availability

Uncomfortable

Interference with work tasks

Inability to communicate

Some Reported Ways to Improve Compliance of PPE and Other Interventions

Improve safety culture

Better training strategies

Develop & communicate clear recommendations

Risk communication

Conduct effectiveness studies

More accessible / less burdensome interventions

Better PPT





Stakeholder Comment

- Proposed use of the 2011 IOM report as the basis for the 12 recommendations and 36 activities in next revision of the action plan
- Proposed use of improving HCW PPE compliance as the overarching goal for prioritization
- Specific actions that NIOSH and the NIOSH PPT program should take to address the proposed recommendations



Recent and Next Steps

Dates	Milestone
May – June 2013	 Published NIOSH Science Blog seeking comments on research needs to improve PPE compliance in healthcare Discuss at the NIOSH PPT Program Healthcare Stakeholder Meeting
July – Sept 2013	 Publish Federal Register Notice seeking public comment via NIOSH Docket #129 NIOSH PPT Working Group drafts initial action plan
Oct – Dec 2013	 NIOSH PPT Working Group revises draft action plan Final action plan is published



Concluding Remarks

- NIOSH has an active HCW PPE research program, involving numerous partners, with projects related to ensembles and respirator filtration, fit, comfort/tolerability, understanding barriers to proper use, performance, and specific issues related to Pandemic Influenza
- PPE for HCW action plan is a guiding document for NIOSH program planning
- Your input will help us keep the action plan relevant



Quality Partnerships Enhance Worker Safety & Health









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